COMMITTEE NAME (Must be same as on Statement of Organization)

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE AMPAIGN SISSLOSURE BE

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

File with:

Effective January 1, 2010, all statements and reports filed by new-committees for state office must be filed electronically and effective January 1, 2012 Jan 1 AM 7: 21 statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Drury For Council		1 1	FORM
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candi (4) County Central Committee (5) County Candidate (8) City Subdivision Candidate (8) County PAC (9) City PAC (10): 11) Local Ballot (saue	idate (2)State PAC (3)State Party V Candidate (7)School Board or Other Boltto	al C(DR-2 (Rev. 12/2009) DISCLOSURE REPORT For Office Use Only Comm. #
CANDIDATE COMMITTEES ONLY:			Logged In MVW
Candidate Name	Political Party (if applicable)		Scanned MVW
Michael Drury			Computer
Office Sought Council at Large	District (if Senate or House)		Audited
Late reports are subject to possible civil and criminal penalt candidate's committee, and the chairperson, for any other to	es. Pursuant to lowa Code sections 68B.32 ppe of committee, is the individual responsib	A(7) and 6 le for filing	BA.401(3), the candidate, for a timety and securate reports.
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
AM FILING A 01/09/10	REPORT FOR (1) ELECTION	N //2\NON	ELECTION VEAD
(report date)	Indicate by		LECTION TEAR.
CHECK IF AMENDMENT TO REPORT DATED			
☑ Check if this is final (termination) report and attach N (You must continue to file reports until a DR-3	otics of Dissolution Form DD 3	11/03/09 County &	Local Committees, enter County in ction is held
STATEMENT OF CASH ON	IAND		
CASH ON HAND at the beginning of the reporting period committee. This amount MUST be the same a of the last reporting period or must be zero if the	t. (Total of all funds held by the	•	0.00
ADD TOTAL MONEY TAKEN IN THIS PERIO	D		
Schedule A: Cash Contributions total (Attach S			1,612.50
Schedule F: Loans Received total (Attach Sche	edule F\	••••••	
Schedule H: Total Sales of Campaign Property	(Attach Schedule LI)	.,	
(Schedule H applies to Candidates)	Committees Asky		
	·-		
SUBTRACT TOTAL MONEY SPENT THIS PE	SUB-TOTAL	\$	
Schedule B: Expenditures total (Attach Schedu	le B) (Maine and July		1.612.60
Schedule F: Loan Repayments total (Attach Sc	hadule 5)	••••••	1,612.50
ASH ON HAND at the end of this reporting period (if fine	il (eport balance must be zero)		0.00
UNPAID BILLS (From Schedule D. Attach Sabadule D.	The state of the s	········ \$	V.00
UNPAID BILLS (From Schedule D - Attach Schedule D)	s	
N KIND CONTRIBUTIONS (From Schedule E - Attach S	schedule E)	. \$	
OUTSTANDING LOANS (From Schedule F - Attach Sch ONSULTANT BREAKDOWN (Schedule G Attached?)	nedule F)	\$	
ANDIDATE COMMITTES ONLY:			YESNO
			
ALUE OF CAMPAIGN PROPERTY (From Schedule H -	Attach Schedule H)	\$	
ATE COMMITTEES: Submit a reconciled campaign ac	count bank statement in January of each	140.00	

MONETARY RECEIPTS

SCHEDULE

(Rev. 07/03)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

5632420632

(Including candidate's personal funds)	CHECK THIS BOX II
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Drury For Council	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT- RECEIVED	FUND- RAISER INCOME
09/29/09	ID#	Robert Smith 732 11th Ave So Clinton Ia 52732	Not Applicable	\$50.00	
09/29/09	ID# CK#	Richard Sack 3123 McKinley St Clinton Ia 52732'	и и	\$50.00	
09/30/09	ID# CK#	James & Lynn McGraw 3 Heather Lane Clinton Ia 52732	4 9	\$50.00	
10/08/09	ID# CK#	Carol Miller 3340 Allie Lane Clinton Ia 52732	ay b)	\$250.00	
10/08/09	ID# CK#	Suzanne Rose 2214 Vermont Ct Vail Co 81657	R H	\$200.00	
10/17/09	ID# CK#	Mary Ehlers 2930 Stockwell Lane w Clinton la 52732	И "	\$20.00	
10/17/09	ID# CK#	Garold Caven 1581 442nd Ave Clinton Ia 52732	t n	\$100.00	
10/17/09	ID# CK#	Darryl Waugh 4346 Hwy 136 Clinton Ia	" h	\$100.00	
10/17/09	ID# CK#	Paul Steines 200 Fayette St Clinton la 52732	ł n	\$20.00	
10/17/09	ID# CK#	Ron Mallicoat 1104 2ndAve So. Clinton Ia	" h	\$25.00	

000 .017.2

TOTAL (if last page of this schedule)

schedule) \$

Page _____ of _______

865.00

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

MONETARY

RECEIPTS

SCHEDULE

(Rev. 07/03)

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

5632420632

(Including candidate's personal funds)	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Drury for Council	

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/17/09	(D#	Laura Angott 901 N E 16th St Ankeny Ia 50021		\$50.00	
10/20/09	ID# CK#	Wayne Mangler 1000 5th Ave No Clinton Ia 52732		100.00	
10/22/09	ID# CK#	Edith Pfeffer 931 2nd Ave So Clinton Ia 52732		100.00	
10/22/09	ID# CK#	Carolyn Tallett 1315 No 3rd St Clinton Ia 52732		25.00	
10/22/09	ID# CK#	Steve Howes 1114 No 5th St Clinton Ia 52732		300.00	
12/07/09	ID# CK#	Richard Sack 3123McKinley St Clinton Ia 52732		172.50	
	ID#		"		
	CK#				L
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	747.50	

TOTAL (if last page of this schedule)

(for Schedule A)

747.50

1612.50

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consangulalty (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no femilial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

ID# Clinton Printing Co Inc Signs \$ 240.75 ID# Clinton Herald Advertising 699.78 ID# Kros Radio Station Advertising 150.00 ID# Clinton Printing Co Inc Filers 1499.47	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1D# Kros Radio Station Advertising 150.00	02809	ID#	Clinton Printing Co Inc	Signs	\$ 240.75
103009 CK# 3	102709		Clinton Herald	Advertising	699.78
10# Citizen First Bank Bank Fee 22.50 1D# CK#	103009		Kros Radio Station	Advertising	150.00
CK#	112509		Clinton Printing Co Inc	Filers	499.47
CK#			Citizen First Bank	Bank Fee	22.50
CK# ID# CK#					
CK#					
SUB-TOTAL \$ 1612.50					
	<u> </u>			SUB-TO	TAL \$ 1612.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(f).)

Page	/	of	/	

TOTAL (If last page of this schedule) \$ 1612.50

FOR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE H	CAMPAIGN
THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY		(Rev. 02/08)	PROPERTY
	7	ATTACH S	CHEDULE H TO PORT, MAKING
COMMITTEE NAME (Must be same as on Statement of Organization)		CHANGES	AS REQUIRED.
Drury for Council		CHECK	THIS BOX IF

AMENDING FORM

Drury for Council_	

PARTI - ONGOING	INVENTORY OF CAMPAIGN PROPI	ERIY	
Date Furchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
10/27/09	Advertising	699.78	699.78
		800.78	

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 699.78

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

		,
** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$_		
(Attach Additional Schedules if Needed)		

Page	of	Pages
	(For Schedule H)	

^{*} If estimated, show est beside figure.